SATURDAY, SEPTEMBER 25, 1875.

ORIGINAL COMMUNICATIONS.

A CASE OF RETRO-PHARYNGEAL ABSCESS.

BY WILLIAM PEPPER, M.D.,

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INSTANCES of this dangerous affection are so comparatively rare that a certain amount of interest must attach to every case. The name—retro-pharyngeal abscess—is applied to collections of pus forming in the connective tissue between the mucous membrane of the pharynx and the vertebral column. Such abscesses occasionally occur in cases of caries of the bodies of the cervical vertebræ, the pus being prevented from burrowing up and down along the spinal column by adhesions. In other instances, the abscess follows one of the specific fevers, especially those which, like scarlatina or diphtheria, are attended by inflammation of the fauces and pharynx. It is probable that this sequela is more apt to be developed in children of a scrofulous diathesis, in whom the tendency to suppurative inflammation is so marked. Retro-pharyngeal abscess may, of course, occur at any period of life, but, as will be inferred from the causes which have been mentioned, it is very much more frequently met with during the first decade of life. In the following case the affection was developed during advanced convalescence from a very dangerous attack of naso-pharyngeal diphtheria.

Rose L., æt. 32 months; born of very healthy parents. She was attacked with severe faucial and pharyngeal diphtheria on February 7, 1875, the evening preceding the day on which her elder sister died with an attack of nasal and laryngeal diphtheria. No unfavorable symptoms developed themselves; the membrane disappeared from the sixth to the ninth day, and she was quite well by the end of the second week. The treatment comprised large doses of quinia, chlorate of potassium, and muriated tincture of iron; and locally, the application once a day of dilute tr. ferri chloridi by a brush, and the frequent inhalation of lime-water from a steam-atomizer. During the month after convalescence she continued the use of tr. nucis vomicæ and tr. cinchonæ comp. Some slight enlargement of the post-maxillary glands persisted, but she seemed to be improving satisfactorily for six weeks, and I had not visited her for a week, when, on April 6, she was brought to my office looking poorly, and holding her head constantly far inclined towards the left shoulder. Any attempt to move it caused violent crying; the left sterno-cleido-mastoid and left border of the trapezius were rigidly contracted. There was no increase in the slight swelling of the cervical glands, nor any symptom to attract attention to the fauces, and the attack seemed to be rheumatic in character. Two days later she was again brought to my office, when there could be detected increased enlargement of the post-maxillary glands on the left side, and some fulness about the angle of the jaw. The head was still held strongly flexed towards the left. There was no difficulty in swallowing, but examination of the throat showed a swelling on the posterior wall of the pharynx quite high up on the left side. External applications of compound iodine ointment were directed; a solution of forty grains of nitrate of silver to the fluidounce was applied to the throat, and syr. ferri iodidi ordered internally with full doses of quinia. For the next four days the symptoms grew more serious. She rapidly lost flesh, and failed in spirits and animation. There was constant fever, with tendency to cold sweat at night. She continued to drink milk and beef-tea freely, from thirst apparently; and deglutition was not difficult. Her breathing was constantly very rapid and labored, with play of the alæ nasi. When she was laid down to sleep her breathing became very noisy and snoring, and rapidly grew more and more labored and imperfect, so that it was necessary to rouse her frequently during the night for fear of fatal embarrassment in breathing. On several occasions, the parents' alarm was so great that they gave repeated doses of syr. ipecac until free vomiting occurred, when partial and temporary relief was obtained. The spray of warm lime-water was also freely thrown into the fauces every three hours by a steam-atomizer, and with evident relief, as the little patient seemed to desire its frequent repetition. During the day the symptoms were much less severe, and the child would walk about, or even play a little. The swelling in the pharynx manifestly increased, and did not seem to extend below the level of the epiglottis. In the upward direction, the finger could detect that it bulged above the level of the roof of the mouth. It occupied the left side of the pharynx, projecting from behind the left posterior half-arch nearly to the median line. The mucous membrane covering the swelling, as well as the surrounding parts, was deeply congested; there was, however, no evidence of any tendency to point. The sense imparted to the finger was one of elasticity without any distinct fluctuation. During these four days the child's strength failed rapidly. The expression grew haggard and anxious, with constant play of the alæ nasi, and labored, noisy breathing. The inspiration was especially difficult, and was attended with marked recession of the base of the thorax and violent action of the superior muscles of respiration. The surface was deathly pale, and at times, especially during the night, was bathed in cold sweat. In addition to the other treatment, which was persisted in, hot flaxseed poultices were kept over the left side of the neck and jaw; milk-punch and beef-tea were freely administered.

On the evening of April 12, as the symptoms grew more and more alarming, without any more decided sign of pointing of the swelling, I plunged a tenotomy-knife into it, and made an incision not more than one-third of an inch long. There was an immediate gush of blood, with a small quantity of pus mixed with it; gentle pressure was exerted on the swelling by the finger, and it was found to be very considerably reduced.

The succeeding night was passed much more easily; the treatment was maintained, and gentle pressure was made morning and evening over the swelling. In addition to this, the throat was thoroughly atomized with lime-water three or four times in the twenty-four hours, with manifest relief. About forty-eight hours after the operation, a more free discharge of pus was obtained by pressure than previously, and thenceforward the diminution in the swelling and in the alarming symptoms was rapid and steady.

The pharyngeal swelling subsided in the course of three or four days; the enlargement of the glands on the left side disappeared rather more slowly. The rigidity of the neck was almost immediately relieved, and in the course of a week, despite some irregular febrile action which required antiperiodic doses of quinia for its arrest, the child was quite well.

It will be noted that in this case the abscess occupied a rather higher position than usual, being seated above the level of the glottis. In conse-

quence of this, the train of symptoms which was present differed in some important respects from the ordinary features of retro-pharyngeal abscess; and, as the recognition of the nature of such cases is very essential, I would direct especial attention to these peculiarities.

The symptoms by which this affection is usually distinguished are, fulness behind one or both angles of the jaw; stiffness of the neck, with retraction of the head; great and increasing difficulty in swallowing; difficulty of breathing, chiefly marked in inspiration, with noisy, snoring sound; and, finally, a prominent swelling at some point of the posterior wall of the pharynx, which may be both seen and felt. In addition, there is irregular, sometimes only slight fever, with great restlessness and general distress.

The diagnosis is always difficult at first, before the development of dyspnœa and dysphagia; and it was doubly so in this case, because there had previously been slight fulness at the left angle of the jaw, and because the position of the head and the contraction of the sterno-mastoid and trapezius simulated closely a rheumatic torticollis. Still, bearing in mind the possibility of such symptoms as rigidity of the neck and retraction or drawing to one side of the head being due to deep-seated inflammation of the retro-pharyngeal tissues, our only mode of avoiding an oversight is to examine the pharynx repeatedly in all such cases.

It is well, also, not to limit the examination to the interior of the mouth, but to search carefully along the course of the larynx for any sign of inflammatory swelling there, since, as was clearly shown in these columns by Parry,* many of the symptoms of retro-pharyngeal abscess may be also produced by abscesses connected with the walls of the larynx.

Difficulty in swallowing usually appears early and soon becomes extreme. It depends both upon the mechanical obstruction caused by the swelling, and upon the paralyzing effect of the inflammation upon the pharyngeal muscles. It is one of the most constant symptoms of retro-pharyngeal abscess, and has been observed in cases of abscess connected with the walls of the larynx. But in the case I have here reported there was no decided difficulty in swallowing at any time. This was undoubtedly due to the fact that the seat of suppuration was very high up, being in part above the level of the soft palate, and also well over to the left side of the pharynx. The fact of the absence of this important symptom is very interesting.

Difficulty of breathing is, as would naturally be expected, a very constant symptom, and deserves particular attention, since its peculiar characters are of much diagnostic importance. The swelling obstructs the pharyngeal and faucial space, and interferes with the entrance of air to the larynx; and in some cases, moreover, the abscess extends so low down that there is, in addition, direct pressure upon the posterior wall of the larynx. There is also more or less secretion of tenacious mucus, which the child is unable to dislodge, and which adds seriously to the existing dyspnœa. It will be noticed, however, that the difficulty of breathing is, as a rule, limited to the act of inspiration, which is usually prolonged, noisy and snoring, and attended with violent effort; the muscles of the neck contract powerfully; the thorax is strongly elevated, and the base of the chest is markedly retracted. On the other hand, expiration is often quite easy and noiseless. When the child is placed in the recumbent position, it frequently happens, as in the case here reported, that the dyspnœa is greatly increased; and the same result follows any attempt to bend the head forward.

The cause of the marked difference between inspiration and expiration must be sought in the relations of the parts affected. During the powerful inspiratory effort, the larynx is firmly held back by the pressure of the surrounding muscles, and thus is encroached more seriously upon by the swelling which projects from the posterior wall of the pharynx. Fortunately, the seat of the abscess is usually about the level of the glottis, so that this effect is somewhat counterbalanced by the decided downward movement of the larynx in forced inspiration, which tends to remove it from the direct pressure of the tumor. In expiration, on the other hand, the tissues of the neck are relaxed, so that the larynx is able to move quite freely forward, and thus facilitate the exit of air. It is possible, also, that these influences are aided by the different relations of the pharyngeal swelling to the inspiratory current as it converges from the buccal cavity to the narrow glottis, and to the expiratory current as it more gently escapes from the larynx.

I have already alluded to the importance of this character of respiration in aiding the diagnosis of retro-pharyngeal abscess; and I will in this connection refer briefly to the affections with which it is most likely to be confounded.

Acute tonsillitis is met with not rarely in young children, and is attended with a painful swelling below the angle of the lower jaw, difficulty in deglutition, and obstructed breathing. This disease is, however, a primary one, and is much more acute in its onset than retro-pharyngeal abscess usually is; though in some cases of the latter affection the symptoms reach an alarming height in two or three days. The swelling is rather lower down, being over the base of the tonsil just *below* the angle of the jaw, and it is usually more considerable, the swelling which attends retro-pharyngeal abscess being frequently only a fulness *behind* the jaw. Still, the only sure and reliable means of diagnosis is, of course, the direct examination of the fauces, which, as I have already urged, should never be omitted in the examination of the acute affections of young children attended with dyspnœa, dysphagia, or swelling about the throat. This will at a glance reveal the true nature of the case; showing in the one the inflamed and swollen tonsil projecting towards the median line, and in the other, the less easily detected prominence on the posterior wall of the pharynx.

Still more important is it to note clearly the points

* Philada. Med. Times, June 14, 1873, p. 580.

of difference between pseudo-membranous laryngitis (true croup) and the affection we are considering. In both the appearance of the symptoms is rather gradual and insidious; and in both, when fully developed, there is urgent dyspnœa, with great restlessness and general distress. The recession of the base of the chest which is noticed in both of these affections during inspiration is common to all conditions where there is mechanical obstruction to the entrance of air into the larynx or bronchial tubes.

In membranous croup, however, there is no rigidity of the neck, and the head is not retracted or drawn to one side, as in the case here reported. Dysphagia is absent; and the difficulty in breathing, instead of being limited to inspiration as in retro-pharyngeal abscess, attends both inspiration and expiration, owing to the constant mechanical obstruction caused by the layers of false membrane in the larynx. There is also a much greater degree of suppression of the voice. Inspection of the fauces shows no swelling on the posterior wall of the pharynx, but reveals either a healthy state of the parts, or else the familiar lesions of pseudo-membranous angina.

In the rare cases of abscess connected with the cartilages of the larynx, the swelling may encroach seriously upon the calibre of that tube; respiration is accordingly terribly embarrassed, and here too the difficulty is usually limited to inspiration. In the cases reported by Parry, to which I have already referred, the difficulty of inspiration was extreme, and attended with marked recession of the base of the thorax. The head is retracted, and any attempt to bend it forward causes great increase of the dyspnœa. Deglutition may be much impeded, and inspection of the neck shows that the larynx is unusually prominent, and that there is swelling over the thyroid cartilages. Although at first sight such a case might be taken for one of retro-pharyngeal abscess, the diagnosis will be readily made by noting in addition the absence of fulness behind the angle of the jaw and of any prominence on the posterior wall of the pharynx. Dr. Parry describes the breathing in his cases as stridulous as in membranous croup; while in retro-pharyngeal abscess the respiration is rather noisy and stertorous.

I have dwelt at length upon the mode of recognition of this latter affection, because I am sure that its termination would be much more favorable than is usually stated, if a correct diagnosis were made at an early stage and proper treatment instituted.

In those cases where the abscess is connected with caries of the cervical vertebræ, the prognosis is, of course, more unfavorable, owing to the persistence and character of the cause.

So soon as the nature of the disease is recognized, a most careful and constant watch should be kept over the development of the symptoms and the progress of the abscess. Attempts may be made to prevent suppuration by applying, as I did in the case I have here reported, a pretty strong solution of nitrate of silver over the swelling; but it is not likely that our efforts will succeed. I would rather advise that hot poultices or fomentations should be applied to the neck, to favor early suppuration. Great relief will also be afforded by the occasional use—once in three or four hours—of warm lime-water, thrown by a steam-atomizer into the fauces. This relaxes the parts, and favors the expectoration of the tenacious mucus which often collects there and further impedes respiration. In the present case it was used with manifest advantage. It will also be noted that on several occasions, when the dyspnœa became alarming, temporary relief was secured by producing emesis.

The most essential part of the treatment is the early opening of the abscess. We must not wait for any distinct tendency to point, since, owing to the character of the tissues, there is no such appearance presented in many cases. Whenever, therefore, the symptoms are growing somewhat urgent, a curved bistoury, with its blade guarded to within a half-inch of the point, should be fearlessly introduced into the swelling. No harm can follow from such an incision should it be premature and no pus have yet formed. If the symptoms persist and the swelling increases, it can readily be repeated when thought desirable; whereas it is in the highest degree important that relief should be afforded at the earliest possible moment.

It will be observed that in the present case but little pus escaped at first, but that on the next day, by pressing upon the swelling with the finger, a much larger quantity escaped. This precaution of gently pressing upon the swelling should be observed each day until the swelling has greatly subsided, since, even when there has been quite a free discharge, there is danger of the incision closing and the abscess being reproduced.

During the whole course of the treatment it is, of course, highly important that the strength should be maintained by the administration, so long as swallowing is possible, of quinia, stimulants, and concentrated nourishment. If deglutition is much obstructed, recourse should be had to the use of nutritious enemata, to which a moderate amount of quinia may be added.

1811 Spruce Street.

FUSIFORM ANEURISMS OF ANTERIOR AND POSTERIOR TIBIAL ARTERIES—DIGITAL COMPRESSION — CURE IN THIRTY-SIX HOURS.

BY DE FOREST WILLARD, M.D.,
Surgeon to Out-Patient Department, Presbyterian Hospital.

THE following case is deemed worthy of record chiefly on account of the shape of the aneurisms, which rendered the formation of a clot much more difficult than in the sacculated form, where the force of the heart-beat is driven less directly upon the forming coagulum. In the present instance it was necessary to use great care at each change of the compressing fingers, since any relaxation of the calibre of the vessel above, was sure to send the current whirling through every portion of the tumor, displacing all fragments of hitherto stagnant blood.

The case also adds to the rapidly accumulating evidence of the superiority of compression over the

ligature in a large proportion of cases. The ready cure of unfavorable cases, and its adaptability to aneurisms in which, at first sight, the treatment might seem to be inapplicable (vide Prof. Agnew's cure of aneurism of external iliac, *Philada. Med. Times*, 1875), both tend to render it most justly a favorite method.

S. T., æt. 66, shoemaker, was first seen on July 15, in consultation with Dr. M. O'Hara, the attending physician. Had been under Dr. O'Hara's care only a few weeks for an albuminuria of long standing, accompanied by slight dropsy. When first seen, was passing a moderate amount of pale urine, sp. gr. 1.012, which was one-quarter albumen, and contained numerous fatty and granular casts. Under treatment with mist. Basham, milk, etc., the albumen had decreased to one-twelfth, and the dropsy had entirely disappeared.

In June he commenced to complain of pains, resembling cramps, in both legs below the knees, which pains were not definitely located, but were of increased severity at night. Embrocations and friction failed to give relief. About July 1 he took a long walk, which fatigued him, but he states that he had no inconvenience from it until several days afterwards, and that he never experienced the sensation of anything "giving way." By the 4th, however, the pains became so severe as to compel him to keep his bed, save at night, when the torture necessitated his rising at least a dozen times to seek comfort for the moment by change of posture. He described his pain as almost unendurable, until electricity (interrupted current) was tried, when complete relief was experienced in the right leg, but the left continued in the same condition as before.

Upon the 10th, pulsation of the calf of the limb was noticed for the first time, and, upon closer examination, the presence of an aneurism was easily detected.

On the 15th, at the time of my first visit, the pulsation was most marked, the whole calf of the leg rising at each heart-stroke, the anterior muscles also vibrating, and the head of the fibula being distinctly driven outward at each beat. Notes taken at that time are as follows: The hand placed upon any portion of the leg from the insertion of the soleus upon the tendo Achillis, to the knee, feels most decidedly the characteristic thrill, while the fibula is forcibly thrust against the finger. There is no well-defined and limited tumor, but a general enlargement of the entire leg. The pulsation is strongest over the lines of the two main arteries, and the ear along their course plainly detects a loud bruit. There is no undue pulsation of the popliteal, nor do the thrill and bruit extend to that artery. The dilatation evidently commences just at the point where the bifurcation occurs, *i.e.*, at the lower border of the popliteus muscle, where the anterior tibial runs between the two heads of the tibialis posticus to pierce the interosseous membrane and reach the front of the leg. Both arteries are largely dilated, but apparently taper towards the ankle, where the normal calibre is resumed. Pressure upon either femoral or popliteal entirely arrests all pulsation, thrill, and bruit, and also relieves the pain. The swelling of the foot is but slight, yet the pressure is not only causing intense pain, but has already produced tingling and loss of power in the toes, especially those supplied by the musculo-cutaneous branch of the anterior tibial.

Strong flexion of the limb does not entirely arrest pulsation, and is extremely painful. There is no cardiac complication, but all the arteries are atheromatous, and, with the extensive renal disease, ligation would be at best dangerous.

Compression, therefore, was strongly advised, and was commenced upon the 17th, Prof. Agnew having also been called and pronouncing decidedly in its favor.

17th. 12.15 P.M.—Commenced pressure upon femoral in Scarpa's triangle; Dr. O'Hara and myself having organized a corps of reliable co-workers. Pulse 96. Condition excellent.

[NOTE.—As many surgeons may be deterred from commencing digital compression from want of assistance, I would state that I am convinced, from some fifteen cases with which I have been connected, that it could be safely undertaken by four strong gentlemen, provided they had no other labors to perform. Six would be better (especially if the artery lay deeply covered by adipose and connective tissue), one-half sleeping while the others took their respective turns at holding the artery. After practice, one can, by changing from thumb to fingers, etc., keep up reliable pressure for from thirty to fifty minutes; but twenty is, perhaps, the most economical so far as permanency is concerned.]

17th. 4 P.M.—Left leg dry; right, moist; no perceptible difference in temperature. Pulse 84.

6 P.M.—Slight œdema of entire limb. Tissues over femoral "crackle" on pressure. Still dryer than right, and apparently warmer. Veins distended.

9 P.M.—Foot slightly cooler.

11.30 P.M.—Less œdema. Slight excoriation at seat of pressure; yet is more comfortable than before treatment was commenced, as the severe pain in the leg has been entirely relieved. Eats well.

18th. 12 A.M.—Beginning to be a little restless.

12.30 A.M.—Administered one-fourth grain morphia, hypodermically.

2 A.M.—Pulse 82. Dozes and sleeps; not suffering.

7 A.M.—Pulse 78. Foot quite cool. Leg and thigh greatly swollen. Tissues in Scarpa's triangle exceedingly sensitive and doughy; blistered at one point. Suffers much at change of fingers. Capillary circulation in foot slow. Thrill barely perceptible.

Pulse 82. Ate good breakfast, and is in good spirits; read paper. Now apply pressure at apex of triangle and in canal.

8 A.M.—*No thrill.*

9 A.M.—One-fourth grain morphia, hypodermically.

12 M.—Tissues greatly improved, and œdema lessened, as all pressure has been made low down in adductor canal for five hours. Has been dozing.

4 P.M.—Pulsation perceptible in articular branches.

8 P.M.—No pain. Temperature of limb nearly as other. Comfortable. Pulse 84.

19th. 12 A.M.—Pulse 94. Pulsation in tumor very faint; in fact, very doubtful if it exists at all. Hardening. Great pain over femoral, but condition and spirits good. Eats well, and dozes. One-fourth grain morphia, hypodermically. Good capillary circulation in foot and leg; œdema moderate.

12 P.M.—*No pulsation in tumor.*

3 A.M.—Pulse 78. Sleeping.

4 A.M.—Considerable pain, as tissues, even low down in canal, are becoming sore. Dilatation of articular branches at knee so great that slight pressure was made upon femoral above profunda, to limit but not control the circulation. One-fourth grain of morphia, hypodermically. Passes water often, and with difficulty.

5 A.M.—Dozing.

8 A.M.—Ate good breakfast. Cheerful. Not much pain; œdema slight. Temperature of limb good.

12.15 P.M.—Aneurism pronounced cured, but cautionary pressure to be continued until evening. No signs of pulsation below popliteal, although that artery beats quite strongly. No perceptible pulsation at foot in either anterior or posterior tibial; slight in articular branches at knee.

4 P.M.—Œdema of leg more marked; surface colder;

capillary circulation, however, good. One-fourth grain morphia, hypodermically.

7 P.M.—Ceased compression. Placed limb in flexed position. No pulsation to be felt in any portion of leg below knee, nor over any artery there. Gave one-eighth grain morphia, hypodermically.

Summoned at 10 P.M. Reaction, together with morphia, had made him restless and delirious; tossing about; partly due to full bladder; drew three pints; gave fifteen grains chloral; slept soundly and quietly until morning.

20th. 10 A.M.—No pain; no pulsation. Pulse 96. During the day seized with diarrhœa, with fever and hot skin.

At 10 P.M., pulse 106; skin hot; tongue dry and brown; no chill; bowels loose, dark, and offensive; cannot pass urine—drawn with catheter. Gave two grains quinine and ten gtt. ol. terebinth. every three hours; paregoric after stools. Stopped Basham's.

21st.—Slept well. Tongue more moist. Pulse 96. Feels brighter. Diarrhœa ceased. No pulsation in tumor.

In evening, great pain from accumulation of urine; much suffering; passes a little himself, but not relieved; drawn; thick, turbid.

22d.—Slept well without medicine. Urine giving great suffering; drawn with catheter; thick with mucus and urates. Tongue moist. General condition good. Sat up in bed for the first time.

For the next few days Dr. O'Hara reports that he had a sharp attack of cystitis, which required the use of the catheter several times a day, but in a week or ten days this disappeared under appropriate treatment, and although the albumen in his urine had greatly increased during its continuance, yet it subsequently subsided, and by August 10 was scarcely perceptible.

He went about on crutches at the end of the third week, and in six was permitted to walk about; suffering no pain in the limb, and with no inconvenience, save the swelling and debility occasioned by the chronic Bright's disease.

September 15.—No evidence of any return of aneurism, but the kidney-disease is progressing, and renders him feeble and debilitated, although the œdema is but trifling. The aneurismal limb is weak, and use frequently gives pain, but the old seat of trouble remains the same as two months ago. No pulsation is perceptible over either the anterior or posterior tibials until they have almost reached the angle, at which point the pulse returned within three or four days after the cure. The popliteal beats as usual, but from the point of bifurcation to the ankle the occlusion seems perfect.

It will be noticed that all thrill ceased during the treatment at the end of twenty hours, and that pulsation stopped at thirty-six, but that pressure was continued until the end of fifty-five hours in order to prevent any displacement of the coagulum. The severe cramps in the legs mentioned above, which antedated the aneurism, were undoubtedly due to the debility, indigestion, etc., consequent upon the condition of the kidneys.

During treatment by digital compression it is very important that great care be exercised during the changing of fingers that the calibre be not relaxed, since the full force of the heart-beat would almost certainly disturb the forming coagulum. It is also advisable that a second person sit with his hand upon the tumor, to give notice of any relaxation upon the part of the holder, since continuous, equable muscular contraction is almost an impossibility, the pressure, however hard at first, gradually becoming insensibly less and less, until it not unfrequently happens that the calibre is not more than one-half occluded, while the holder innocently supposes that he is pressing with the same amount of force as at the beginning, owing to benumbed sensation.

The following gentlemen kindly assisted in the cure of this case: Drs. Curtin, Buck, Treacy, Brunet, Evans, Gleason, Caldwell, Kerr, Skilling, Witmer, and Parks, and Messrs. Klapp, Walsh, G. C. Smith, Almeida, and Murray.

113 South Sixteenth Street.

REMARKABLE PERSISTENCE OF CARDIAC ACTION AFTER CESSATION OF RESPIRATION.

BY R. STEWART, M.D.

THE verdict recently rendered by a jury at Dover, Delaware, that a child had an independent existence although it did not breathe, leads me to publish the following remarkable case. Shortly after its occurrence, I gave a detailed account of it before the Sydenham Medical Coterie of this city, and since then it has been referred to by Dr. Seyfert, in his article on "Living Issue," in the *Medical Times* of July 3, No. 192, vol. v.

On July 4, 1872, about five o'clock P.M., I was called to visit a gentleman nearly 72 years of age, who prior to that time had enjoyed ordinarily good health. During the forenoon he had walked to the Park and back, a distance of some ten or twelve squares, and when he reached home he complained of great fatigue, heat, and some pain in the head. Of his own accord he took the contents of a bottle of citrate of magnesia. After prescribing for him, I left; but before eight o'clock I was again summoned, and upon reaching the house, a few minutes afterwards, I was informed that the old gentleman had just expired. He had arisen to make use of the commode, and was found upon the floor, being unable to reach his bed again. After being placed in bed there was an involuntary action of his bowels, after which he gradually became insensible, and ceased breathing just as I entered the room. I found the jaw fallen, eyes fixed, body cool, and the head hot. After looking at him for a moment, I said, "Yes, he is dead." On applying my ear to the chest I distinctly heard the heart beating slowly, at the rate of about twenty-seven to the minute. I at once attempted artificial respiration by alternately raising the arms and pressing the sides of the chest together, and I blew air and ammonia-vapor into his lungs. I was surprised to find that under this treatment the heart-beats became more frequent and forcible, while a general rigidity was becoming very apparent. After a short time had elapsed, I placed a small mirror over his mouth, and, although I held it there for some time, making careful and repeated examinations of its surface, I could find nothing to indicate that he breathed.

At this time I was called away to another patient, and did not return until ten o'clock, when, upon making another examination of the chest, I readily detected the pulsations of the heart. By making

pressure upon the thoracic walls, squeezing the ribs together, and then allowing them to relax, the pulsations were again increased in rapidity and force. I then inflated the lungs by closing the nostrils and blowing into the mouth, raising the arms above the head, and expelling the air by pressure on the chest, etc. By a constant repetition of these efforts I at last increased the force of the heart to such an extent that a radial pulse became perceptible. To this fact I called the attention of those who were present. The head was still warm, but the body had grown colder and more rigid, and on this account it was becoming more difficult for me to continue my exertions. I went away at 11.45, and returning between one and two o'clock A.M., I found the heart still slowly beating. I endeavored to press the ribs together, but the rigidity was so great that I found it an exceedingly difficult task. I struck the chest quite forcibly over the region of the heart, and indented or pressed the ribs quickly downwards, which again increased the heart's action, but less than it did before. The jaws were now fixed, tongue stiff, and the arms stiffly extended by his sides. Getting upon the bed, I found that by placing my hands under his head I could raise the entire body without any signs of flexion, and I repeated this act several times. By thumping and pressing upon the chest, I kept the heart in quite regular motion until nearly four o'clock, when I went away.

On returning, between five and six o'clock A.M., I could hear a slight throb, but very slow, and could not increase it. I then left, and when I returned a little after eight o'clock, there were signs of decomposition, by appearance, odor, and lessening rigidity. He was evidently dead *now;* but was he dead before?

After twelve o'clock the heart was made to beat more rapidly by external manipulation only, and not by any vapor forced into the lungs. In fact, from the first, pressure upon the chest at once increased the heart's action. It may be suggested that I was observing the rhythmical movements of the muscles of the chest; but such movements could scarcely be regularly and constantly increased without a *visible* motion, and yet give an audible throb like that of the heart; and much less could such an action produce a *radial pulse*. Furthermore, if muscular excitation is admitted as being probable, why should we exclude the heart, which is one of the most irritable muscles of the body? If he was alive, then cadaveric rigidity may take place before death. If he was not alive, then this is a remarkable instance of retained irritability of the heart after death. Is not respiration the fundamental requisite of independent life? Is it not the first indication of independent existence? If this man breathed, he was alive; if not, we declare him dead, whether the heart was irritated into action or not.

A very charitable explanation may be given by assuming that I was mistaken in my observations. To this I reply that I know I was not. This was not a momentary condition, but one lasting long enough for a calm and most careful examination. If a similar case is not on record, it does not follow that none such have occurred, as only circumstances lead to the publication of this. But it may be that some reader of this article may know of one like it, and, if so, this may lead to *its* publication. The statements being true, the question I would have answered is, *Was he alive?*

1838 GREEN STREET.

FAILURE OF BROMIDE OF IRON IN CHOREA.

BY CHARLES K. MILLS, M.D.,

Philadelphia,

Chief of Clinic for Nervous Diseases, Hospital of the University of Pennsylvania.

CHOREA, like the correlated disorder, rheumatism, has suffered many things of many remedies. It is certainly a disease which can be favorably influenced by different drugs and by various modes of treatment. Bromide of iron has lately been strongly recommended for it by Professor J. M. Da Costa. In a lecture on chorea, reported by Dr. F. Woodbury in the *Medical and Surgical Reporter* for January 30, 1875, referring to bromide of iron, Prof. Da Costa says, "Having now used it for three or four years, my experience from the treatment of a large number of cases giving abundant opportunity to witness its good effects induces me to like it better than any other one article in the treatment of chorea."

Since reading Professor Da Costa's remarks, I have tested the remedy in twelve cases of chorea, chiefly in the clinical service of Professor H. C. Wood, at the Hospital of the University of Pennsylvania, and have been entirely disappointed in the preparation. In no case was any permanent benefit derived from its use. In two instances slight apparent improvement was noted, but it was only transient in character. Much better results can be obtained from other salts of iron, and from other remedies, such as arsenic, cimicifuga, and the bromide of potassium.

It was usually given in plain syrup and water, commencing with five grains three times daily, as recommended, and rapidly increasing the dose to twenty. The treatment was continued from two to four weeks. Twenty grains very generally caused vomiting. It seems to be a remedy which quickly irritates the intestinal tract. In the case employed by Professor Da Costa to illustrate his lecture, this fact was noticed. The child under treatment became affected with a troublesome diarrhœa, requiring the substitution of bismuth for the iron, and several attempts to return to the bromide were foiled by this irritability of the digestive tract, which refused to tolerate the drug. Fowler's solution was finally given in its place.

Most of the cases in which the bromide of iron failed were afterwards cured either by arsenic, arsenic and iron, or cimicifuga, assisted by hygienic measures. In local chorea or clonic muscular spasm, for which this remedy is advised after the failure of other methods of treatment, I have not found it of any value. Very rarely indeed will any drug improve these local affections.

Dr. J. B. Rudderow informs me that he has used

the preparation under consideration without success in several cases of chorea.

In addition to the twelve cases of chorea referred to, I have also unsuccessfully employed the bromide in a few cases of hysteria and epilepsy. Theoretically, the combination of bromide and iron would appear to be a good one for the treatment of a neurosis like chorea, and it is well known that any of the numerous remedies which have been employed successfully in this disease may sometimes prove futile; but the failure of the bromide of iron has been so marked in my experience that I have thought it worth while briefly to call attention to the fact.

NOTES OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL.

SERVICE OF HARRISON ALLEN, M.D.

Reported by Dr. JOSEPH BERENS, Resident Physician.

MULTIPLE FISTULÆ IN ANO—TREATMENT BY ELASTIC LIGATURE—CURE IN FOUR WEEKS.

CASE I.—P. W., æt. 39; Ireland; good family history. According to his own account of himself, he first had pain in the anal region two or three years ago; two or three months subsequent to this an abscess formed to the left of the anus, and in close proximity to it. This was opened by a physician, and there soon became established a fistula, which persisted for seven months, when it closed spontaneously. The closure of this was almost immediately followed by a second abscess, a little to the left of the coccyx, preceding another fistula, which still persists. These fistulæ were followed at irregular intervals by others which developed in succession, one a little posterior to the great trochanter of the left thigh, one in the perineum one inch anterior to the anus, a third on the left ischiatic tuberosity. These all gave vent to occasional discharges of feculent matter and wind, the latter often producing emphysema of the neighboring tissue.

Upon examination, the fistulæ were found to be of unusually large size, with orifices that did not pout, and occupying the positions enumerated above. The contiguous tissue was purplish in hue, very brawny, and at points presenting unequivocal evidence of emphysematous infiltration. Probing established communication of all the tracks with one another, and, after patient search, the instrument passed from the opening over the ischium into the rectum at a point just below the internal sphincter. A rubber ligature was attached to the probe, drawn through and out at the anus, secured by a bow-knot, and permitted to remain. Laxatives for the bowels were ordered, the ligature to be tightened as required. Two weeks after the operation an abscess appeared over the right ischium, which, when opened, discharged a large quantity of brown flocculent pus.

Upon the sixteenth day, aided in small degree by the knife, the ligature came away, leaving a healthy granulating wound. By the end of the third week the condition of the patient was rapidly improving; the abscess last mentioned had completely healed, the wound left by the ligature uniting rapidly, but the fistulæ still patulous,—a thin layer of tissue between the fistula and the rectum remaining intact. This was divided by a bistoury.

The end of the fourth week witnessed the termination of the case and the complete cure of the patient.

PERINEAL ABSCESS—URETHROTOMY.

Case II.—W. Y.; 43; Pennsylvania; entered the house suffering with a large circumscribed swelling in the perineum, which was somewhat red and warm to the touch, but yielded no sense of fluctuation.

The patient states that ten years ago he had a gonorrhœa, which was followed in the course of a year by a stricture. He placed himself under the care of a physician, and, with the occasional passage of a sound, suffered little inconvenience until two months ago, when, after a debauch, his stricture suddenly became very much worse. About two weeks ago he began to suffer pain, which was accompanied by a feeling of fulness and weight in the perineum. These symptoms were particularly severe in walking, subsiding almost entirely in the recumbent posture.

A whalebone filiform bougie was passed with no little difficulty, and over this a No. 14 (French) grooved catheter. The tumor was now laid open by an incision in the median line, carried from the scrotal border to within a half-inch of the anus; this gave vent to a quantity of laudable pus, after the evacuation of which the point of the knife was carried down through the urethral wall until it entered the groove in the staff, after which the urethra was laid open to the extent of an inch. This cut relieved the stricture, a large sound passing in readily.

First day after operation.—Patient doing well, passing water freely by the urethra.

Second day.—Water passing through the perineal aperture; patient very feverish.

Sixth day.—A No. 10 (French) soft catheter was the only instrument that could be introduced, and that with such difficulty that it was permitted to remain in the passage.

Eighth day.—The instrument removed, and a No. 24, which passed in easily, substituted.

Tenth day.—The instrument was removed, and, as there existed a tendency to irritability and spasm of the canal, no further dilatation was attempted at the time.

Thirteenth day.—Instruments have been introduced daily until, this morning, No. 27 was attained. The condition of the patient has been steadily improving; the wound in the perineum is closed, though not completely healed. The urine, which has been passing by the perineal opening in daily decreasing quantity, now comes entirely by the natural channel, and in an excellent stream.

Sixteenth day.—Patient well, with a urethra that readily admits a No. 27 (French) instrument.

STRICTURE—PERINEAL FISTULA.

Case III.—P. H.; 70; Ireland; admitted to the house suffering from an abscess in the perineum, which had ruptured spontaneously the day before, and was then discharging pus freely. In urinating he passed his water by the perineal orifice, none escaping by the penis.

He stated that he first had difficulty in urinating three years ago, since which time he has grown progressively worse. As the patient was reduced by exposure and starvation to the last extreme, and appeared to have a very tight stricture, nothing was done further than laying open the abscess by a free incision and placing him under favorable hygienic conditions. In a few days the patient's strength had improved so much that it was decided to make an attempt to treat his stricture. Patient search of half an hour, however, failed to secure the introduction of even a filiform bougie, and the attempt was desisted from. A week after, a small, probe-pointed sound was passed into the bladder, followed by larger ones until No. 8 (French) was reached. The seat of the stricture appeared to be just anterior to the bulbous portion of the urethra. Subsequently in-

struments were cautiously introduced every second day, gradually dilating the passage until it admitted a No. 20 (French) sound. Any increase in size beyond this producing profound constitutional disturbances, it was thought best to rest here, and merely prevent any retrogression. Meanwhile, the urine had begun to pass by the penis, and the abscess in the perineum to heal. In the course of a month this improvement advanced to complete recovery as to the abscess and resulting fistula, and a decided amelioration in the general condition of the patient, both as to his stricture and general condition.

GONORRHŒAL RHEUMATISM.

Case IV.—Wm. McF.; 49; Ireland; entered the house three months ago, suffering from a gonorrhœa of two weeks' standing, which at the time of his admission was particularly severe. The day following, an attack of rheumatism supervened, beginning in the right ankle and gradually extending till many of the points of the body were affected, and, with exacerbations and remissions, has persisted ever since. The gonorrhœa, also, has been subject to fluctuations in severity, and seems to have borne a relative proportion to the rheumatism. Thus, on July 4 the gonorrhœa, which had been manifesting itself by a profuse discharge, suddenly disappeared almost completely, following which there was an as sudden exaggeration of the rheumatic symptoms. On the morning of the 11th the patient remarked, "The rheumatism is getting well; but, doctor, the clap is running awful." In truth, the rheumatism had nearly subsided, while there was a profuse purulent discharge from the urethra, with a red and inflamed meatus. On the 31st the patient was again down with the rheumatism, synchronously with a marked subsidence of the gonorrhœa. A turpentine vapor-bath was ordered, to be followed by a blanket pack. In the afternoon there was an evident improvement in the rheumatism, while the gonorrhœa had resumed nearly its former severity. Until about the middle of August, when all the symptoms began to subside, there existed a marked and unmistakable correlation between the two diseases from which the patient suffered; the severity of the one being generally in the inverse ratio to that of the other, neither ever completely disappearing, but each in turn being more or less pronounced or in abeyance.

AMPUTATION OF THE LEG.

Case V.—John McG.; 22; Delaware; temperate; was run over by the cars on August 16, at 9.30 P.M. He was brought to the house in the ambulance two hours later. On admission, he was suffering from moderately developed shock, and had injuries which comprised a crush of the right ankle-joint, which had produced a compound comminuted fracture, involving the lower end of the tibia, and the tarsal bones, with large openings opposite each malleolus, through which protruded the fragments; in addition, there were two incised scalp-wounds, one of them four inches in length, crescentic in shape, and attended with considerable separation of the scalp from the skull.

Amputation was decided upon, and the operation begun immediately. Ether was administered, Esmarch's bandage applied, antero-posterior semicircular skin-flaps were made, and the two bones divided at the junction of the lowest and third quarter of the leg. But little hemorrhage ensued. The vessels were secured by silk ligatures, after which heavy silk sutures were introduced through the flaps and the wound left open for some fifteen or twenty minutes, when it became glazed. The flaps were then adjusted, secured by the sutures, which were tied in bow-knots and supported by adhesive strips, so arranged as to prevent any dropping down of the anterior flap upon the end of the tibia, the end of which had been carefully rounded off. A dry oakum dressing was then applied. The scalp-wounds were apposed by interrupted silver sutures, and the patient put to bed between blankets and surrounded by cans of hot water.

The leg was placed upon a pillow, adapted to give further support to the flaps and so prevent pressure. An ounce of whisky and a quarter of a grain of morphia were administered.

For the first few days succeeding the operation, the patient had a slow pulse, with stupor and other indications of injury to the nervous centres. At the end of this time, however, there was very marked improvement in his general condition.

Fifth day.—As there had been little or no discharge, the adhesive strips were removed for the first time to-day. The stump was found looking admirable, with almost complete healing by first intention.

Ninth day.—Several of the ligatures came away. There is, however, well-defined heat and swelling over the point of the tibia. Dr. Allen ordered the suspicious point painted night and morning with tincture of iodine, and, as a further precautionary measure, additional support given to the flaps by placing upon the posterior aspect of the limb, far up near the popliteal space, the initial end of a piece of adhesive plaster four inches wide by two feet long. This strip was designed to so support the posterior flap as to relieve the dragging of the anterior flap upon the spine of the tibia. The free end of the strip was pulled strongly upward over the face of the stump, and fixed to the transverse wooden support for the bedclothes. This simple contrivance *swung the entire limb by the posterior flap a few inches above the level of the mattress.* Its effect was to *wrinkle* the anterior flap, at once relieving all pressure. The redness over the tibial spine disappeared, and a threatened danger of slough was averted. To relieve jactitation, two lateral strips were applied from the knees downward, and a weight applied to them as in the treatment of fracture.

The scalp-wounds healed by first intention.

Thirteenth day.—All the sutures and ligatures but one have been removed at intervals since the last note. The device for preventing the sloughing of the flap over the tibia has been entirely successful.

Sixteenth day.—By daily twisting of a rather resistant ligature, and the fastening it so as to retain the twist, it has been gradually severed from its attachments, and to-day came away without difficulty.

Seventeenth day.—Patient well.

TRANSLATIONS.

THE CONJUNCTION OF CHLOROSIS WITH APLASIA OF THE FEMALE GENITAL ORGANS (E. Fraenkel: *Archiv für Gyn.*, vii.; from *Schmidt's Jahrbücher*).—Fraenkel reports two cases, as follows. 1. A servant-girl, aged 26, who was of powerful frame, had never menstruated, and presented some symptoms of chlorosis. Her heart was of normal size, and no râles could be detected by auscultation, but a microscopic examination of the blood showed a marked diminution of the number of red blood-corpuscles. Her breasts were infantile in character, and the pelvis diminished in all its diameters and of masculine form. The labia majora were entirely wanting, the nymphæ but slightly developed, while, owing to a want of development, the hymen was wanting. The uterus was very small, and its walls quite thin, and the presence of ovaries could not be distinctly ascertained.

2. A girl of 20 years of age, who, in childhood, had scar-

latina and cholera. The first menstruation was profuse, and occurred in her seventeenth year, and the performance of this function was attended by fainting, dyspnœa, and palpitation of the heart. The face was pale, the extremities chilly, and there was pneumonia of the apices. The heart was small, its impulse weak, while the pulse was thin and thready. The genitals resembled those of a girl of seven or eight years, the mons being without hair, the uterus small and infantile in character, and the breasts small.

Fraenkel concludes that chlorosis is often combined with defective development of the genital organs, but not always with defective development of the heart and aorta. Sexual aplasia may be the first cause of chlorosis, but chlorosis, when the heart is not of small size, is permanently curable. Menorrhagic chlorosis occurs as well when the sexual apparatus is defective as when it is excessive in its development. W. A.

ON THE ASSIMILATION OF STARCHY FOOD BY INFANTS (Dr. J. Korowin: *Schmidt's Jahrbücher;* from *Jahrb. für Kinderheilk.*, viii. 4).—This question is not only of great physiological interest, but is also of the highest practical importance, since all the substitutes for mothers' milk which have as yet been recommended contain starch in larger or smaller amount. Dr. Korowin had great trouble even with very young children in collecting a sufficient quantity of saliva for his purpose by introducing a sponge in the mouth after it had been carefully cleansed. He found that towards the end of the second month the saliva increased most markedly in quantity, and that this increase continued during the following months. The reaction of the fluids of the mouth when this cavity had not been scrupulously cleaned was strongly acid, and, after it had been carefully washed, slightly acid or neutral, but rarely weakly alkaline. The first experiments were made with the saliva of children varying in age from half an hour to nine days, and revealed almost invariably a distinct trace of sugar. Experiments with children of rather more advanced age showed that the fermentative power of the saliva increased with the age of the child. The greatest quantity of sugar was not found until fermentation had been going on for about two hours.

Experiments with the contents of parotid glands which had been excised also gave evidences of a sugar-making power. Similar experiments with the secretion of the pancreas from children who had died during the first three weeks gave negative results, and the power of inducing fermentation became gradually noticeable at a later period, but remained feeble up to the end of the first year. W. A.

INTESTINAL OBSTRUCTION SUCCESSFULLY TREATED BY THE INJECTION OF SODA-WATER INTO THE LARGE INTESTINE (Guyon: *Centralblatt für Chirurgie*, No. 34, 1875; from *Journal de Méd. et de Chir. prat.*, 1875).—The patient, a man aged 62 years, had an inguinal hernia which had been reduced after symptoms of incarceration had made their appearance. Some hours later, vomiting set in, which soon became fecal in character, and was accompanied by symptoms of collapse. An œsophageal catheter was introduced into the rectum to an extent of forty centimetres, and through this the contents of two siphons (the contents of the first in great part escaping) injected into the intestine. Colic of a marked character soon came on, which was followed by the evacuation of stinking fluid matter, and this, in turn, by hard fecal masses; and after the expiration of two hours the patient was out of danger.

Béhier in one and Bouchut in ten cases of intestinal obstruction from impacted masses of fæces, employed the same treatment with good success. In all the cases the abdomen swelled on the introduction of the gas, producing colic of intense character, which was soon followed by evacuation of the bowel and consequent relief. W. A.

ETIOLOGY OF SCORBUTUS (Felix: *Centralblatt für Chirurgie*, No. 34, 1875; from *Gaz. Méd.*, 1875).—In view of the noticeable fact that scorbutus is becoming of less frequent occurrence in Western Europe, while in the east, and especially in Russia and Roumania, it has every year new victims, Prof. Felix of Bucharest turned his attention to the subject, and in 1871 pointed out the relation of the increase of the affection with the diminution of fat in the food allowed during the protracted and strict fasts of the Greek Church. The faithful among the Greek Christians nourish themselves during their periods of fasting exclusively with vegetables and oils of vegetable origin. These oils, however, on account of their high price, are not eaten by the poorer classes, and but rarely by soldiers and the inhabitants of prisons, and it is among these very classes of the population that scurvy breaks out a short time before or after the great religious festivals. In accordance with this theory he prescribes, instead of the usual diet for such patients, one rich in fats, and aids its effects by the administration of cod-liver oil. W. A.

EXTIRPATION OF A MYOMA OF THE BLADDER AFTER THE LATERAL AND HIGH OPERATION FOR LITHOTOMY (C. Gussenbauer: *Archiv fur Klinische Chirurgie*, 1875; from *Centralblatt für Chirurgie*, No. 28, 1875).—In a boy aged 10 years, Billroth, after repeated and careful examinations, diagnosed a tumor of the bladder of the size of a man's fist, which had been developed during the previous ten months. In order to remove the tumor the usual lateral incision into the bladder was made, and it was found that it lay on the posterior wall of the bladder. The sectio alta was then made, the recti muscles cut obliquely at their insertion, and the wound in the bladder enlarged in the same direction. The attachments of the tumor were torn off with the fingers, and, the bladder having been moderately inverted, the pedicle of the tumor, which was found to originate in the muscular tissue of the vesical walls, was excised. A drainage-tube was placed in the wound of the bladder, and recovery took place in about four weeks. A microscropic examination of the tumor revealed the characteristics of a myoma. W. A.

PROLAPSUS OF THE RECTUM, AND ITS TREATMENT BY THE DOUCHE ON THE ANUS AND PERINEUM (De Saint-Germain: *Centralblatt für Chirurgie*, No. 34, 1875; from *Journal de Méd. et de Chir. prat.*, 1875).—In cases of prolapsus of the rectal mucous membrane in children, in which all other means, even the actual cautery, had been used, a cure was effected by reducing the protruded portion and allowing a strong stream of water to play upon the anus and perineum. The douche was repeated daily. The duration of treatment in the gravest cases was fifty-eight days, and relapses did not occur.

In the case of an adult who suffered from prolapsus recti with hemorrhoids, forty-eight sittings sufficed for a cure. W. A.

A RARE CASE OF MYOMA OF THE UTERUS (P. Sturm: *Centralblatt für Chirurgie*, No. 34, 1875; from *Archiv der Heilk.*, 1875).—The patient was a woman aged 49 years, and the tumor a cystic myoma of colossal dimensions, which was supposed to be ovarian in its character, and an operation for its removal was begun. The operation was, however, suspended, and at the post-mortem examination, which was made soon afterwards, a large myoma was found, which originated at the fundus of the uterus and grew up between the two layers of the mesentery of the small intestine.

W. A.

PHILADELPHIA

MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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PUBLISHERS' NOTICE.

THE present number concludes the fifth volume of the PHILADELPHIA MEDICAL TIMES. With the publication of the next number, beginning the sixth yearly volume, the issue of the TIMES will be made bi-weekly, being published every other Saturday. This change is made with a double purpose: first, to secure a reduction in the price of the journal (to $4 per annum), a change which seems expedient in view of the financial condition of the country; secondly, to enable the editors to give more time to its editorial management than has hitherto been possible, on account of the frequency of the issue. The editors are confident that, as a bi-weekly, the subscribers, while receiving their journal with sufficient frequency to keep themselves *au courant* with medical progress in the world, will find the original department filled with material which, in practical interest, will be above the average of that which has hitherto appeared in its pages.

During the five years of its existence the TIMES has won at home and abroad a high reputation,—flattering alike to contributors and to editors,—to maintain and enhance which no efforts will be spared. The publishers desire to express their appreciation of the support that has been extended to their journal, and trust that its merits will secure to it a continuance of the same.

The form of the TIMES will be changed slightly, and each number will embrace twenty-four pages (instead of sixteen as hitherto), enclosed in a neat cover.

CORRESPONDENCE.

BOSTON, September 11, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—The meetings of the American Pharmaceutical Association, the twenty-third annual session of which has just been held in this city, possess a twofold interest, for they are of practical value to the druggist and manufacturer of chemicals, at the same time that they suggest to the physician refinements and improvements in the preparation of medicines that may be a guide to him in prescribing.

As the objects of this Association may not be generally known, I may state that its aims are to unite the educated and reputable pharmacists and druggists of the United States in the following objects: To improve and regulate the drug market, by preventing the importation of inferior, adulterated, or deteriorated drugs, and by detecting and exposing home adulterations; to encourage proper relations between druggists, pharmaceutists, physicians, and the people at large, which shall promote the public welfare, and tend to mutual strength and advantage; to improve the science and art of pharmacy, by diffusing scientific knowledge among apothecaries and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, and encouraging home production and manufacture; to regulate the system of apprenticeship and employment, so as to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing, and selling medicines; to suppress empiricism, and to restrict the dispensing and sale of medicines to regularly educated druggists and apothecaries, etc. Pharmaceutists and druggists in good standing, and teachers of pharmacy, chemistry, and botany, who may be especially interested in pharmacy and materia medica, are eligible to membership. A handsome volume of transactions is annually issued: the proceedings being faithfully recorded by the official phonographic reporter of the Association.

This body has undoubtedly given a great stimulus to the onward progress of pharmacy. Previous to 1851, there were only three teaching schools of pharmacy in existence in this country. Now there are more than a dozen, with a total of six or seven hundred students, in addition to numerous pharmaceutical associations in the various States. The national Association has an active membership of about one thousand; but this will probably be annually increased by the addition of several hundred others, as there are from fifteen to twenty thousand persons in the United States who are eligible. The educated German element is a notable feature in these gatherings; and it is assuredly no disparagement to home talent in this direction to repeat the universally recognized fact that this infusion adds depth, force, and steadiness to the labors of the Association. Business is conducted in a somewhat different style from that pursued in the Americal Medical Association, there being no division into sections, and no

general addresses, and the new President being elected and assuming his duties at an early period of the meeting, instead of at its close. Reports from several standing committees on matters of vital moment are read and discussed, and numerous queries are proposed, to be answered at the next annual meeting. These, and volunteer essays, all of which may provoke an interesting agitation of views, fill up the time of the Association. The amount of actual labor accomplished is enormous, and the representation of earnest, enthusiastic, educated workers is proportionally greater, I am disposed to think, than conventions usually offer. From a general glance at the calibre of this representative body, I would cordially subscribe to the sentiment expressed by one speaker, that the day has passed when the apothecary is likely to ransack his shelves in a vain effort to fill a prescription for ℥iv of aurora borealis ordered by a quizzical prescriber.

The first general business transacted was the delivery of the address of the retiring President, C. Lewis Diehl, of Louisville, who is also the reporter on the Progress of Pharmacy for the Association. Much of his address was devoted to an appreciative recognition of the labors of the pharmacist and to a brief mention of the assistance which chemistry had lately given him, and a historical sketch of some comparatively recent remedies, as digitalin, jaborandi, and salicylic acid.

The Association keeps a watchful eye lest members may enter it who are not constitutionally qualified; so that when the name of Prof. S. P. Sharples, of Boston, who is Professor in the Dental College, State Assayer, etc., was proposed, it met with slight opposition on merely technical grounds, although in the course of his chemical experience he is frequently called upon to examine and report on pharmaceutical articles.

The officers elected for 1875-6 were the following:

President,—George F. H. Markoe, of Boston.

Vice-Presidents,—Fred. Hoffman, of New York; T. Roberts Baker, of Richmond; C. F. G. Meyer, of St. Louis.

Treasurer,—Charles A. Tufts, of Dover, New Hampshire.

Permanent Secretary,—John M. Maisch, of Philadelphia.

Reporter on the Progress of Pharmacy,—C. Lewis Diehl, of Louisville, Kentucky.

Executive Committee,—George W. Kennedy, Pottsville, Pennsylvania; Joseph L. Lemberger, Lebanon, Pennsylvania; William McIntyre, Philadelphia; Charles A. Heinitsh, Lancaster, Pennsylvania; John M. Maisch, Permanent Secretary, *ex officio*.

Committee on Papers and Queries,—William Saunders, Ontario, Canada; Emil Scheffer, Louisville, Kentucky; James H. Taylor, New York.

Business Committee,—Jacob D. Wells, Cincinnati; Paul Balluff, New York City; William C. Bakes, Philadelphia.

As almost every national representative body of medical, pharmaceutical, and educational interests is to meet in Philadelphia during the centennial year, it was fair to presume that a favorable opportunity for an international conference of pharmaceutists was offered; but the invitation extended by this Association to the Fifth International Pharmaceutical Association, when it recently met at St. Petersburg, was not accepted or refused, but left, as usual, for the Executive Committee of that body to decide, a preference being expressed for London, the meeting possibly not to take place until after a lapse of five years. At the close of that meeting, the members took measures to further the draft prepared by the Paris Pharmaceutical Society, and agreed not to recommend the preparation of extracts by evaporation *in vacuo;* to make a thorough examination into the fluid extracts of the United States Pharmacopœia; and to constitute 59° Fahr. the uniform temperature at which to take the specific gravity of all liquids. The pharmacists of the United States are expected to participate in this enterprise, the progress of which will be watched with much interest by the medical profession.

The Association at Boston would have had a difficult task before it had it attempted, in the report of its Committee on Unofficinal Formulæ, to endorse the numerous formulæ which are employed in various parts of this country in the preparation of extracts, elixirs, etc. It was wisely determined that it should be understood that those reported were only collected and printed for general reference; but there is another committee, on elixirs, to whom the portion of the report relating to such preparations was referred, although, in the expressed desire to do away with the whole elixir business, it was doubtless thought that a double-barrelled shot would be twice as effective as one from a single barrel only. The Committee on Elixirs must have been still more puzzled when they had to decide on recommending formulæ for their preparation, for almost every apothecary and every wholesale dealer or manufacturer has numerous specimens of this class of elegant preparations to which he prefixes his own name as distinctive and separate elixirs from all others advertised by rival pharmaceutists. It was suggested that some clue to their composition should always be given in the name adopted, and also that a more thorough knowledge of the various syrups, aromatics, spirits, etc., which they contain, would give a more ample field for the choice of auxiliaries, correctives, and vehicles. The importance of co-operation with physicians on these subjects was recognized by several of those who took part in the discussion, for it was deemed absolutely useless to suggest formulæ unless they were to be viewed favorably by medical men, who alone were to prescribe them.

One of the most important reports presented was that on adulterations and sophistications, by the chairman, Dr. W. A. Miller, of Philadelphia. Essential oils are largely adulterated, and many so-called distilled oils are almost absolutely fraudulent. Cases were mentioned where commercial oils, such as those of cedar, spruce, etc., were prepared by placing branches of those trees

in the still, with an amount of turpentine proportioned to the anticipated price which the manufacturer expected to obtain. Europe was catching the contagion of systematic fraud, and processes had been devised there for cheapening all the prominent oils, and an effort was being made to adopt them here. A representative of a foreign house had informed him that all the cheap grades of lavender, rosemary, and red thyme sent to this country by a number of manufacturers contained at least seventy-five per cent. of turpentine. Linseed oil was known to be adulterated with hemp, fish, rosin, and mineral oils; castor oil was found to be composed of lard and croton oil, etc.

Many of the States have adopted pharmacy laws for the protection of the public, by imposing restrictions as to the admission of pharmaceutists without sufficient examination, and other measures calculated to improve the tone of the profession. Some of these have been tested before the courts, and their constitutionality sustained. Great annoyance has been caused to druggists by the imposition of a stamp-tax upon the preparations sold by them, but they have been relieved from much of their embarrassment by the construction placed on one of the sections of what is known as the "Little Tariff Bill," by which no tax is imposed on medicinal articles prepared by a manufacturing chemist, pharmacist, or druggist in accordance with a formula published in any standard dispensatory or pharmacopœia in common use by physicians and apothecaries, or in any pharmaceutical journal issued by any incorporated college of pharmacy, when such formula and where found shall be distinctly referred to on the printed label attached to such article, and no proprietary interest is claimed therein; and no stamp is to be required when the formula of any medicinal preparation is printed on the label attached to such article and no proprietorship is claimed.

The desire which authors of valuable papers often experience to give them greater publicity than they receive in the annual volume of the proceedings was partially gratified by the passage of resolutions inviting pharmaceutical and medical journals to publish whatever notes they may desire to make of the proceedings and of the papers presented; and giving their authors the privilege, when they have prepared copies or abstracts of their essays previous to the meeting of the Association, of distributing such copies or abstracts at any time subsequent to the official reading of their papers, the fact being stated at their head that they had been so read.

The manufacturers of gelatin-coated pills must have been seriously discomfited at the results arrived at by Prof. Joseph P. Remington, of Philadelphia, in his examination of the solubility of the various forms of pills kept upon the shelves of the apothecary. We trust that further investigations may be made on the same subject. He found that gelatin-coated pills were the least soluble of the four forms examined, which, expressed in order of greatest solubility, were the simple uncoated pill, the sugar-coated pill, the compressed form, and the gelatin-coated. It is an undoubted fact that an old sugar-coated pill presents, after the coating has worn away by long keeping, a much moister surface than that offered by a venerable non-coated pill; and that in cases where the sugar-coated pill has been passed through the bowels unchanged by any chemical action in the digestive apparatus—for such cases have been described—some faulty condition has sometimes existed in the individual rather than in the want of power of solution of the pill.

I overheard some amusing instances of physicians' blunders in writing prescriptions detailed in conversation, for such subject seemed to be a fruitful theme of entertainment, each relating his experience in this respect, sometimes in a vein of self-satisfaction that he was able to detect the error. The possibility of mistakes being committed between the passage of a prescription from the hands of the prescriber and into the patient's possession was recognized officially in the Association in a communication from the Philadelphia College of Pharmacy, and in a paper presented by Mr. T. R. Baker, of the Richmond delegation, suggesting proper precautions, and in the passage of a resolution in accordance with a committee report on the subject of maximum doses, authorizing a committee of conference with the American Medical Association. The medical and pharmaceutical professions of Richmond were to consult together "on the importance of writing prescriptions in a legible hand, without erasures or interlineations; of using the technical language and abbreviations of the Pharmacopœia and the U. S. Dispensatory; of writing directions for use and dose as a guide to the dispenser in case of error in quantity of any active ingredient; also that when an unusual dose of an active and potent medicine is prescribed, the prescriber should affix a caution-mark to inform the dispenser that he is aware that the dose is unusual; that the words *not renewable* should be added in appropriate cases; and that the sale of opium and its preparations, chloral, etc., should be stopped, unless sold on competent medical authority."

One of the most interesting features of these gatherings is the elaborate report presented by C. Lewis Diehl, of Louisville, on the progress of pharmacy. To be sure, it is too lengthy to be read in full at the annual meeting, for in the completeness and intrinsic value of its researches it rivals the best productions on similar subjects that emanate from the most indefatigable of European workers and writers; but the members are able at their leisure, and to their great instruction, to peruse in the annual volume the great mass of facts he has collected in the several hundred pages occupied by him. He purposely avoided more than a passing allusion to points of therapeutic value associated with the various subjects, and, in the different sections into which his report is divided, considered the progress during the year of pharmacy; materia medica, giving such information as has been obtained in regard to the history of crude drugs and their botanical characteristics; inorganic chemistry, with the results of investigations of inorganic substances; organic chemistry, and a review

of the works relating to these subjects during the year.

It was rather a humiliating confession that Prof. John M. Maisch had to make in his remarks on the sale of patent medicines, that, in spite of the professed opposition of the Association to this traffic, the sale must go on because the public called for them. This was doubtless founded on the view that some one must sell them, and why should we (the apothecaries) not derive the profit from their sale? It will always be a stumbling-block in their path of progress, however, that they must continue to sell these numerous specimens of quackery, of whose composition they are usually ignorant, and thus sacrifice principle to the demands of trade. They took somewhat of a middle course, however, by agitating the dissemination of some form of health-almanac, similar to those published by proprietors of patent medicines, containing analyses of these compounds when such could be obtained. But in the mean while they will continue to sell them.

The unwarranted sale of diplomas without attendance on lectures has been so fruitful a source of evil in the medical profession that we are not surprised to see our pharmaceutical friends boldly grappling with it on the first occasion that offers. It appears that some one who wished the degree wrote to the Tennessee College of Pharmacy, and received a letter from the Secretary and acting Treasurer of that institution, offering to examine and graduate him without attending the lectures. On motion of Prof. Bedford, of New York, a resolution was passed inquiring whether such action was authorized by the College or was only the act of the officer referred to. It seems that while other colleges confer the degree of Graduate in Pharmacy, this Western institution claims that it confers a still higher degree when it bestows that of Doctor of Pharmacy. By the most reliable pharmaceutists this is considered an unnecessary degree, inasmuch as the other is in itself sufficient, and the title of doctor opens the way for the practice of medicine by the apothecary, the public being very readily deceived by that prefix. The Secretary of the Tennessee College was present, and boldly claimed a higher rank for that institution on account of its advanced degree, and explained the meaning of his letter to be an expressed willingness to confer the title of doctor on graduates of other institutions without requiring attendance on all the lectures. We hope, for the honor of the Association, that this matter will be thoroughly sifted.

I wish it were in my power to give you an abstract of the large number of valuable essays presented, and the discussions which followed. There was hardly one of these contributions to pharmaceutical literature that did not give evidence of good work and practical progress in the advance of pharmacy. Under such investigations the physician will be constantly benefited by having placed in his grasp the results of improved processes of manufacture of remedies. Quite a number of essays, for instance, were read on phosphorus and its forms of administration, new methods of preparing phosphoric acid, etc. The antiseptic properties of chloral were corroborated in a paper on the subject by Mr. T. R. Baker, of Virginia. Pancreatin was said, in an essay by Prof. Emil Scheffer, of Louisville, to be destroyed when taken into the stomach, and it, therefore, in his view, could have neither physiological nor therapeutic effect when administered internally. Mr. Charles Bullock, of Philadelphia, read an essay of great practical moment on the preparation of the bromides of the organic and inorganic bases used in American pharmacy. Prof. Sharples urged the importance of adopting the metric system of weights and measures, to save all the trouble the pharmacist now has in mixing by one scale and selling by another.

The members of the Association were very bounteously entertained by their Boston friends. This body will hold its next session in Philadelphia on the second Tuesday of September, 1876. In connection with the meeting at Boston, a very elaborate exhibition was made of all kinds of pharmaceuticals, chemicals, druggists' sundries, rubber goods, etc., etc. I understand that one of our Philadelphia manufacturers was insured for twenty thousand dollars' worth of articles exhibited; while a case of ambergris which, to the uninitiated, appeared an unpretending display, was said to be valued at fifteen thousand dollars. The Massachusetts College of Pharmacy was the recipient of a rare and valuable collection of crude drugs from a New York firm, each bottle being labelled with its scientific and common name, the part used, the botanical source, and locality where produced; and also of a herbarium containing over three hundred specimens, collected by Prof. Gunther, of the University of Jena.

R. J. D.

REVIEWS AND BOOK NOTICES.

THE DISEASES OF THE HEART AND OF THE AORTA. By THOMAS HAYDEN, Fellow of the King and Queen's College of Physicians. Lindsay & Blakiston, Philadelphia, 1875.

This handsomely-printed work is apparently composed of imported sheets, bound so as to form two volumes of over six hundred pages each, although numbered consecutively from 1 to 1232. The author evidently has had a very wide and well-used experience in that of which he writes, is well versed in modern physiology and pathology, and holds a fluent pen. Consequently, the book is an excellent one, and, as the teachings of the text are abundantly illustrated by the reports of about one hundred and fifty cases, Dr. Hayden's effort will probably attain the popularity it deserves. Personally, we confess to a preference for what may be considered the hammered style of writing, in which everything is as condensed as possible: therefore the treatise of Walshe in our library shall stand above that of Hayden. But to the large class who prefer less of strength and conciseness, and more of elegance and fluency, we can heartily commend the volumes before us. The chief and indeed the only complaint we have to make is, the apparent ignorance of the author of the German tongue and of much of the treasures that lie hidden beneath its barbarisms. For this almost national fault he makes what amend is possible by a thorough acquaintance with the literature of Eng-

land, America, and seemingly also of France. We think, however, that if he were better acquainted with the German writers he would concerning certain matters not purely clinical have adopted a rather different tone. As an example, we may cite the muscular degenerations of typhus and other fevers originally discovered by Zenker, which Dr. Hayden, by inference, would lead one to believe existed rather in the brain of the observer than in the muscles of his subjects. We do not mean, however, to disparage the treatise in hand: concerning all clinical matters Dr. Hayden writes like one who speaks with the authority of personal knowledge, and the book must prove a useful one.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS. Third Series, Vol. I.

This is really the eighth volume of Transactions which our College of Physicians has published, and, as the product of the work of a single year, it is a very creditable as it is a very valuable volume, which is composed of a series of papers that have already appeared in the columns of this journal, either as abstracts or in full. It is evident that any further notice of these papers would be superfluous, and we leave them with the remark that nearly all of them are of the highest character, and that one or two of them must achieve a place among the medical classics of the language,—papers which physicians a hundred years from now will go back to, precisely as we now refer to some of the original productions of Hunter, Abercrombie, and others. We wish the College all success in its new undertaking, and express the hope that it may long retain, as it has ever held, the foremost position among the most influential and productive medical societies in the United States.

GLEANINGS FROM OUR EXCHANGES.

IVY-POISONING (*The Boston Medical and Surgical Journal*, September 2, 1875).—Dr. James C. White describes the effect of the poison of rhus, and cautions those who are unacquainted with the plant to avoid any vine or bush growing by rocks, fences, and woodsides and having glossy leaves arranged in threes. He says there is no danger of contagion by contact with the eruption upon another person. In regard to treatment, as the poison is a volatile acid, an alkali would therefore suggest itself as the most fit agent to counteract its action. Thorough washing of the parts, as soon as possible after contact with the poison, in cooking-soda or saleratus-water, or in strong soap-suds, especially those of soft soap, which contains an excess of alkali, is therefore the best primary treatment. When these or other alkaline preparations are not to be obtained, an abundance of water alone should be used as soon as possible. After absorption has taken place or the eruption has begun to show itself, less benefit is to be expected from such applications alone. Remedies are then to be used which will best control and shorten the inflammatory process in the tissues of the skin,—those, in fact, which are found to be most efficacious in corresponding stages of acute eczema. Among these are some which have a special reputation, as solutions of acetate of lead or sulphate of copper, applied frequently as a wash. Perhaps nothing is better than common black wash used as an evaporating lotion for half an hour at a time, twice daily, the lime-water acting also as a chemical antidote, if possibly such action is still in season at this later stage. In the intervals between the applications of these washes the parts may be kept covered with cold-water dressings, with plasters of diachylon ointment, or with a powder of starch and oxide of zinc, according to the rules familiar to physicians for the treatment of acute eczema. By these means the process is checked and shortened, and the sufferings of the patient are greatly alleviated.

CARCINOMA (*New York Medical Journal*, September, 1875; from *Med.-Chir. Centralblatt*, 20, 1875).—Prof. Von Nussbaum, after treating over one thousand cases of cancerous disease, has arrived at the following conclusions:

1. Cancer is a proliferation of the epithelium, which progresses rapidly, and crowds out the connective-tissue stroma, undergoes ulceration from slight causes, determines local destruction, induces severe general illness from hemorrhages and discharges, and finally disseminates its particles throughout the whole body, and generates an identical proliferation and destruction in various organs, and thus destroys life.

2. Its causes are found in advanced age, grief and care, and when there is a disproportion between epithelium and connective tissue,—warts, cicatrices, glandular swellings, etc.; and, lastly, those tissues are more especially affected which are subjected to frequent irritation, though not placed in a condition of acute inflammation. Cancer is not congenital or contagious. At first it is a purely local disease, which only becomes a dyscrasia by the dissemination of its elements throughout the body.

3. The humoral infection must be distinguished from the dyscrasia. The former can disappear entirely, and never contra-indicates the operation.

4. Recurrence of cancer is either continuous, when cancerous elements have remained, or regionary, when neighboring tissue disposed to cancerous disease has remained; or it may be a recurrence by transplantation, when cancerous particles have been disseminated by passing into the circulation through opened vessels.

5. Cancer can be cured radically by early and extensive operation.

6. Exact and extensive statistics show that patients who are operated upon live longer than those who refuse all interference.

7. In the treatment, all remedies which act on the tissues, blood, and nerves, come into consideration. Early and extensive operation ranks first. Caustics are often useful, especially after the cancer has been scooped out. Parenchymatous injections deserve trial.

A NEW INSTRUMENT IN THE OPERATION FOR VESICO-VAGINAL FISTULA (*New York Medical Journal*, September, 1875).—Dr. William A. Byrd, having had trouble, in some cases of vesico-vaginal fistula, to distinguish the red and protruding wall of the bladder from the surrounding tissues, has employed the following method of overcoming the difficulty. He takes two ordinary toy rubber balloons, slips one inside of the other so as to gain additional strength, and fastens their necks over a piece of elastic tubing. At the time of the operation a wire is passed into the bladder through the urethra and out through the fistula into the vagina, the end being bent back so as to protrude from the vulva. It is then attached to the flexible tube fastened to the balloon, and is made to retrace its course, bringing the end of the tube out of the meatus urinarius, and leaving the balloon in the bladder. The wire is then detached, the nozzle of a syringe inserted in the tube, and the balloon slowly filled with water. Dr. Byrd claims the following advantages for this instrument. 1. The material is inexpensive, and the apparatus can be easily made in a short time. 2. It is easily dilated with any ordinary syringe, when it defines the fistula perfectly, throwing the walls of the fistula prominently out from the convex surface of the balloon, which renders the paring more speedy, certain, and easy. 3. It prevents the posterior wall of the bladder from interfering with the

operation. 4. It prevents blood flowing into the bladder and there clotting and giving trouble. 5. It allows the sutures to be more rapidly inserted, and more easily placed at proper distances from each other. 6. By pressure and the temperature of the distending fluid, it represses hemorrhage. 7. When undistended it occupies a very small space. 8. It can readily be applied as a tampon in cases of metrorrhagia.

ANÆMIA (*The Lancet*, August 7, 1875).—Dr. Julius Pollock calls attention to that form of anæmia which is met with in young unmarried women and is usually associated with some disorder of the catamenial function. He relies chiefly upon steel to effect a cure; but if the tongue is coated and the digestion much impaired, the more astringent forms of iron, such as the sulphate or the perchloride, are often not tolerated at first; and the ammonio-citrate, the mistura ferri comp., or the ferrum redactum, will be the best to begin with. In a large number of cases he has found nothing so successful as a combination of the ammonio-citrate of iron and rhubarb in suitable doses, with equal parts of some bitter infusion and peppermint-water. Sometimes the addition of two or three grains of the carbonate of ammonium seems to be useful. He makes rather a point of the rhubarb, although it is so disagreeable to take, believing it to assist the action of the steel, especially when the stomach is out of order. If the patient is very nervous, ten grains of the bromide of potassium may be added with advantage to each dose of the mixture. If the rhubarb in the mixture does not act enough upon the bowels, it will be necessary to prescribe some aperient pill to be taken at bedtime. Preparations containing aloes are of service, and may be combined with steel. Pepsine is often useful with the meals. The diet should be light and simple; beer had better be avoided in most cases, and a glass or two of light claret may take its place with advantage. Claret is certainly better than port, although that wine is so often recommended. A moderate amount of exercise out of doors, when the weather permits, should be insisted upon, but anything like fatigue must be avoided. A tepid bath in the morning and a rub down afterwards with a rough towel is a good thing. In a few weeks, more or less, the steel and rhubarb mixture may be left off, and fifteen drops of the solution of perchloride of iron given after each meal in a wineglass of water.

AN IMPROVED METHOD OF OBTAINING SUPPORT FOR FRACTURED BONES OF THE EXTREMITIES (*New York Medical Journal*, September, 1875).—Dr. S. Wackerhagen uses the following method in treating fractures of the long bones:

After replacing the fragments as accurately as possible (extension being maintained by assistants), the limb is smoothly bandaged with cotton wadding, prepared in the form of an ordinary roller; a flannel bandage spread with dry plaster of Paris, and rolled, is now soaked in warm water (to which are generally added about two fluidounces of saturated solution of sulphate of potassium), and applied to the limb, over the wadding, by circular and reversed turns. One layer of the flannel applied in this way is amply sufficient for support.

When we wish to inspect the point of fracture, the dressing, which is only about an eighth of an inch thick, is easily cut through by a pair of curved scissors.

If it be desired to employ lateral splints, the dressing should be cut in the median line of the anterior and posterior surfaces. If antero-posterior support is preferred, it should be cut through the lateral surfaces. The splints should now be varnished on their inner and outer surfaces with shellac, or this preparation may be applied to the outer surface before removal.

The shellac seems to permeate the dressing sufficiently to increase the strength of the splint, and at the same time renders it slightly flexible instead of brittle, as is the case when plaster of Paris is used alone.

CASE OF TRANSFUSION IN DIABETES MELLITUS (*The Cincinnati Lancet and Observer*, September, 1875).—Dr. C. Shriver reports the case of a man, æt. 48, who had been affected for four years with diabetes, and who had become greatly emaciated and very weak. All the usual remedies had failed entirely, when it was determined to try transfusion. This was performed by the direct method, about twenty-five ounces of blood from the common carotid artery of a three-months-old lamb being thrown into the median basilic vein of the patient. The phenomena observed during the transfusion were oppression of the chest, irregularity and quickening of the heart's action, cough, vertigo, perspiration, and intense pain across the lumbar region, disappearing in a few minutes. The results were much more favorable than were expected. He has nearly regained his health, has a good appetite, sleeps well, only rises at night once instead of ten or twelve times to urinate, and is apparently on the road to complete recovery.

GALLIC ACID IN ALBUMINURIA FOLLOWING SCARLATINA (*The American Practitioner*, August, 1875).—Dr. J. T. Jameson reports two cases of albuminuria occurring as a sequel of scarlet fever, and in which he employed gallic acid with marked success. In one case, a child æt. 6 years caught cold during convalescence, and a day or two after the face became œdematous; there was pain in the head, and slight fever; the urine was quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a teaspoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided, and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor oil to regulate the action of the bowels.

CATHETERISM IN LACERATION OF THE URETHRA (*The Lancet*, August 21, 1875).—Mr. Teevan reports two cases of retention of urine from laceration of the urethra, and remarks that if a laceration or false passage existed in the floor of the deep portion of the urethra, a curved metal catheter ought to be passed, as it could be made to hug the roof of the urethra, and so avoid slipping into the *cul-de-sac* in the floor. If, on the contrary, the laceration were in the roof, a straight elastic catheter ought to be introduced, as it always tended, when passed, to keep to the floor of the urethra, and would thus escape becoming locked in any rent in the roof of the canal.

MISCELLANY.

AMERICAN DENTISTRY IN 1796.—The following is a copy of an advertisement issued in 1796 by one Josiah Flagg, surgeon dentist, who

"Informs the public that he practices in all the branches with improvements, [i. e.] Transplants both live and dead Teeth with great conveniency, and gives less pain than heretofore practiced in Europe or Amer-

ica: . . . Sews up Hare Lips: . . . Cures Ulcers: . . . Extracts Teeth and stumps or roots with ease: . . . Reinstates Teeth and gums that are much depreciated by nature, carelessness, acids, or corroding medicine: . . . Fastens those Teeth that are loose (unless wasted at the roots); regulates Teeth from their first cutting to prevent fevers and pain in children; assists nature in the extension of the jaws, for the beautiful arrangement of the second Set, and preserves them in their natural whiteness entirely free from all scorbutic complaints. And when thus put in order and his directions followed (which are simple), he engages that the further care of a *Dentist* will be wholly unnecessary; . . . Eases pain in teeth without drawing; . . . Stops bleeding in the gums, jaws, or arteries; . . . Lines and plums Teeth with virgin Gold, Foil or Leads; . . . Fixes *gold Roofs and Palates* and artificial Teeth of any quality, without injury to and independent of the natural ones, greatly assisting the pronunciation and the swallow when injured by natural or other defects. A room for the practice with every accommodation at his house, where may be had Dentifrices, Tinctures, Teeth and Gum Brushes, Mastics, &c., warranted approved and adapted to the various ages and circumstances; . . . also Chew-sticks, particularly useful in cleansing the fore Teeth and preserving a natural and beautiful whiteness; which Medicine and Chew-sticks are to be sold wholesale and retail, that they may be more extensively useful.

"***Dr. Flagg has a method to furnish those Ladies and gentlemen or children with Artificial Teeth, Gold Gums, Roofs, or Palates, that are at a distance and cannot attend him personally.

Cash Given
for Handsome and Healthy Live Teeth
at No. 47, Newbury-Street, Boston (1796)."

The document is ornamented in one corner by very formidable and antiquated instruments, while in the other are to be seen tooth-brushes quite of the modern pattern. It has been preserved by a descendant of one who, as may be seen on the back, purchased a brush and tincture from Josiah Flagg in the year 1800.—*Boston Medical and Surgical Journal.*

THE FEAT OF CAPTAIN WEBB, which has been so fully reported in the secular press, is certainly one of the most remarkable instances of physical endurance, if not the most remarkable, on record. In a recent number of *The Lancet* (September 4), his brother, Mr. Thomas Low Webb, M.R.C.S., gives the following report as to his condition on leaving the water:

"He assures me that on landing he did not feel at all cold, but was as warm as when he started. He felt, however, fearfully tired and exhausted, and was very sleepy. He fell asleep several times as he was being driven to his hotel, though roused repeatedly by his cousin (Mr. G. H. Ward, who never left him throughout), who thought it best not to let him sleep until he had taken some nourishment. At the Hôtel de Paris, he went to bed, and drank some hot wine. Immediately on getting to bed he took his own temperature with a thermometer with which I had provided him, and found it to be exactly 98° Fahr. He did not count his pulse, but *felt* it, and says it was 'slower than usual.' After five hours or so of sleep, he awoke feeling rather hot and feverish. He then took his temperature again, when it had risen to 101° Fahr. He says that his face was then flushed, and his skin hot and dry. He then slept again for some time, and on waking felt himself 'all right,' excepting a troublesome stiffness of the arms and legs, scarcely to be wondered at.

"Towards the termination of his swim he became nearly blind from the salt water. At present he is perfectly well in every respect,—indeed, as well as ever he was; for we must not consider the abrasions on his neck caused by the salt water to be of any account. That he is apparently *not one whit the worse* is an immense relief and satisfaction to me, and a further proof of the perfection and soundness of his circulatory system and constitution generally."

NOTES AND QUERIES.

WINONA, MINN., Sept. 15, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

I transmit herewith a slip from the Chicago *Times* (daily), September 14, 1875, to show one of the many ways by which "quacks" are made M.D.'s nowadays.

Very respectfully yours,
FERDINAND LESSING, M.D.

FOR SALE.—A physician (regular) leaving practice, will sell his diploma. Address O, TIMES office.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 13, 1875, TO SEPTEMBER 20, 1875, INCLUSIVE.

MILHAU, J. J., SURGEON.—Relieved from duty at Fort Columbus, New York Harbor, and granted leave of absence for six months. S. O. 183, c. s., A. G. O., September 11, 1875.

SMITH, A. K., SURGEON.—Relieved from duty in Department of the Missouri, and assigned to duty at Fort Columbus, New York Harbor. S. O. 183, c. s., A. G. O., September 11, 1875.

HEGER, ANTHONY, SURGEON.—Relieved from duty in Department of Dakota, and assigned to duty at Willett's Point, New York Harbor. S. O. 182, c. s., September 9, 1875.

HEGER, ANTHONY, SURGEON.—By S. O. 177, Headquarters Department of Dakota, September 13, 1875, upon being relieved from duty by Surgeon Byrne, will comply with requirements of S. O. 182, from War Department, relieving him from duty in Department of Dakota.

BYRNE, C. C., SURGEON.—By S. O. 177, Headquarters Department of Dakota, September 13, 1875, relieved from duty at Fort A. Lincoln, D. T., and assigned to duty at Fort Snelling, Minn., relieving Surgeon Heger, U.S.A.

BROOKE, JOHN, ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the South, for assignment to duty. S. O. 182, c. s., A.G.O., September 9, 1875.

BROOKE, JOHN, ASSISTANT-SURGEON.—By S. O. 132, Headquarters Department of the South, September 13, 1875, to report to the Commanding Officer, Raleigh, N. C., for duty at that post.

MONROE, F. LEB., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, to report to the President Army Medical Board, for examination for promotion, and, upon its completion, to the Commanding General, Department of Dakota, for assignment to duty. S. O. 182, c. s., A. G. O., September 9, 1875.

BYRNE, C. B., ASSISTANT-SURGEON.—Relieved from duty at Willett's Point, New York Harbor, to report to the President Army Medical Board, New York City, for examination for promotion, and, upon its completion, to the Commanding General, Department of Texas, for assignment to duty. S. O. 182, c. s., A. G. O., September 9, 1875.

HARVEY, P. F., ASSISTANT-SURGEON.—By S. O. 182, Headquarters Military Division of the Atlantic, September 13, 1875, granted leave of absence for one month, on surgeon's certificate of disability.

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